

021104

14042 U.S. PTO

## UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.  
5016022278 U.S. PTO  
10/776069

021104

## TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of ( ) application identifier or (X) first named inventor, Susan Q. Sanders,  
entitled An Improved Internet Directory System, for a(n):

- (X) Original Patent Application, *claiming priority to provisional*
- (X) Continuing Application (prior application not abandoned):
- ( ) Continuation (X) Continuation-in-part (CIP)
- ( ) Divisional ( ) Request for continued examination  
of prior application No: \_\_\_\_\_ Filed on: \_\_\_\_\_
- (X) A statement claiming priority under 35 USC § 119(e) has been added to the specification.

## Enclosed are:

- (X) Specification; 28 Total Pages. (X) Drawing(s); 6 Total Sheets.
- ( ) Oath or Declaration:
- ( ) A Newly Executed Combined Declaration and Power of Attorney:
- ( ) Signed. ( ) Unsigned. ( ) Partially Signed.
- ( ) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).
- ( ) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the  
oath or declaration is supplied, is considered as being part of the disclosure of the accompanying  
application and is hereby incorporated herein by reference.
- ( ) Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).
- ( ) Power of Attorney. (X) Return Receipt Postcard.
- ( ) Associate Power of Attorney. (X) A Check in the amount of \$529.00 for the Filing Fee.
- ( ) Preliminary Amendment. (X) Information Disclosure Statement and Form PTO-1449. + \$180.
- (X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.
- ( ) A Certified Copy of Priority Documents (if foreign priority is claimed).
- (X) Applicant claims small entity status.
- ( ) Other: \_\_\_\_\_

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	36	16	\$ 9.00	\$ 144.00
Independent Claims	2	0	\$ 43.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$ 385.00
Total Filing Fee				\$ 529.00

Charge \$underpayment or credit overpayment to Deposit Account 50-1753 (50160) pursuant to 37 CFR § 1.25. At any  
time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit  
Account.

Respectfully submitted,

By: Sue Shaper

Sue Z. Shaper, Attorney of Record, Reg. No. 31663

Date: 2/11/14

Correspondence Address:

1800 West Loop South, Suite 750  
Houston, Texas 77027  
Phone: 713 550 5710  
Fax: 713 550 5709

I hereby certify this correspondence is being deposited with the  
U.S. Postal Service "Express Mail Post Office to Addressee"  
service under 37 CFR § 1.10 on the date indicated below and is  
addressed to:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

By: Sue Shaper

Typed Name: Sue Z. Shaper

Express Mail Label No.: EL 977589035

Date of Deposit: 2/11/14

22929  
PATENT TRADEMARK OFFICE

14042 U.S. PTO  
021104

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2004</h2> <p style="text-align: center;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
		Application Number	
		Filing Date	
		First Named Inventor	Sanders, et al.
		Examiner Name	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>529.00</b>		Attorney Docket No.	50160

<b>METHOD OF PAYMENT (check all that apply)</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1753 (50160) Deposit Account Name: _____ The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION (continued)</b>			
<b>1. BASIC FILING FEE</b>				<b>3. ADDITIONAL FEES</b>			
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	2001	770	385	Utility filing fee	385.00		
1002	2002	340	170	Design filing fee			
1003	2003	530	265	Plant filing fee			
1004	2004	770	385	Reissue filing fee			
1005	2005	160	80	Provisional filing fee			
<b>SUBTOTAL (1)</b> (\$) <b>385.00</b>				<b>4. OTHER FEES</b>			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>				<b>5. SUBTOTAL</b>			
Total Claims: 36 Independent Claims: 2 Multiple Dependent: _____ Extra Claims: 16 Fee from below: 9.00 Fee Paid: 144.00				<b>5. SUBTOTAL</b> (\$) <b>709.00</b>			
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	2202	18	9	Claims in excess of 20			
1201	2201	86	43	Independent claims in excess of 3			
1203	2203	290	145	Multiple dependent claim, if not paid			
1204	2204	86	43	**Reissue independent claims over original patent			
1205	2205	18	9	**Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2)</b> (\$) <b>144.00</b>				<b>6. SUBTOTAL</b> (\$) <b>853.00</b>			
** or number previously paid, if greater; For Reissues, see above				Other fee (specify): _____			
<b>SUBTOTAL (3)</b> (\$) <b>853.00</b>				<b>SUBTOTAL (4)</b> (\$) <b>853.00</b>			

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Sue Z. Shaper	Registration No. (Attorney/Agent)	31663
Signature	<i>Sue Shaper</i>	Telephone	713 550.5710
		Date	2/11/14

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Z:\My Documents\Shaper\Susan Sanders\50160 Fee Transmittal.doc